UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

1140656

| OMB Approval | | | | | | | | | |
|----------------|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: | | | | | | | | | |
| Expires: | August 31, 1998 | | | | | | | | |
| Estimated ave | Estimated average burden | | | | | | | | |
| hours per resp | onse 16.00 | | | | | | | | |
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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| Filing Under (Check box(es) that apply): □ Ru | le 504 □ Rule 505 ☒ Rule 506 □ Section 4(6 | 5) 🛮 ULOE |
|---|--|--|
| Type of Filing: ☐ New Filing ☐ Amend | ment | HPR 23 |
| A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) ARG Holdings, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 6 Suburban Street, Stamford, Connecticut 06901 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Insurance agency, brokerage and related services Type of Business Organization | | |
| 1. Enter the information requested about the issu | ıer | 1088 |
| Name of Issuer (check if this is an amenda | nent and name has changed, and indicate change.) | |
| ARG Holdings, Inc. | 5 / | |
| Address of Executive Offices (Number and Street, | City, State, Zip Code) | Telephone Number (Including Area Code) |
| 6 Suburban Street, Stamford, Connecticut 06901 | | (203) 353-0522 |
| Address of Principal Business Operations (Numbe | r and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | • | |
| Brief Description of Business | | |
| Insurance agency, brokerage and related services | | |
| | | |
| Type of Business Organization | | |
| □ corporation | ☐ limited partnership, already formed | □ other (please specify): |
| □ business trust | ☐ limited partnership, to be formed | |
| | Month Year | |
| Actual or Estimated Date of Incorporation or Orga | nization: 0 4 0 1 | ⊠ Actual □ Estimated |
| Jurisdiction of Incorporation or Organization: (Ent | er two-letter U.S. Postal Service abbreviation for Sta | |
| CN | for Canada; FN for other foreign jurisdiction) DE | MAY 0 8 2002 |
| CENEDAL INCEDICERONS | | 4111 0 4 KUUK |

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 23050114.15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption Conversely, failure to file the appropriate federal notice will not result in a loss of an avai state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| • | Each general | and | managing | parmer of | OI | parmersnip issuers. | |
|---|--------------|-----|----------|-----------|----|---------------------|--|
| | | | | | | | |

| | ☐ Promoter | The sacis. | D Evenutive Officer | Director | □ C11/ |
|--|-------------------|----------------------------|---------------------|--------------|---------------------------------------|
| Check Box(es) that Apply: | □ Promoter | ☑ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Manne (I and a second if it | andierides all | | | | Trianaging Faither |
| Full Name (Last name first, if a GTCR Fund VII, L.P. | | | | | |
| Business or Residence Address | • | et, City, State, Zip Code) | | | |
| 6100 Sears Tower, Chicag | o, IL 60606 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ⊠ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i John Addeo | ndividual) | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| 6 Suburban Avenue, Stanf | ord, CT 06901 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i William Robinson | ndividual) | | | ** <u></u> ! | |
| Business or Residence Address 6 Suburban Avenue, Stanf | • | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i Paul Orzech | ndividual) | • | | | |
| Business or Residence Address 6 Suburban Avenue, Stanfo | * | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ⊠ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i Joseph Nolan | ndividual) | | | | |
| Business or Residence Address 6 Suburban Avenue, Stanfo | · | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if is Vincent Hemmer | ndividual) | | - | | |
| Business or Residence Address 6 Suburban Avenue, Stanfo | | t, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if in | ndividual) | | | | |
| Business or Residence Address | (Number and Stree | t, City, State, Zip Code) | | | · · · · · · · · · · · · · · · · · · · |

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A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
|----------------------------------|--------------------|----------------------------|---------------------|--|--------------------------------------|
| Full Name (Last name first, if | individual) | | | - | |
| Business or Residence Address | s (Number and Stre | et, City, State, Zip Code) | | ······································ | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Address | s (Number and Stre | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | . | |
| Business or Residence Address | (Number and Stree | et, City, State, Zip Code) | | | <u> </u> |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | | - | |
| Business or Residence Address | (Number and Stree | t, City, State, Zip Code) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | | | |
| Business or Residence Address | (Number and Stree | t, City, State, Zip Code) | | | |

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| 1. | ·Has | the issu | er sold o | does the | issuer ir | ntend to s | ell, to no | n-accredi | ited inves | tors in th | is offerin | ıg? | | Yes | No ⊠ |
| | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | 121 | | |
| 2. | What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | \$ | 250 | | |
| 3. | Does the offering permit joint ownership of a single unit? | | | | | | | | | | | Yes ⊠ | No □ | | |
| | any the o SEC are a only | commis offering. and/or associate | sion or si If a pers with a sta ed person | milar ren son to be ate or stat s of such | nuneration listed is es, list the a broker | on for sol an associ e name o | icitation of ated pers of the bro | of purcha on or age ker or de | sers in co ent of a br aler. If n | onnection roker or o nore than | with sale lealer reg five (5) | tly or indices of secu gistered w persons to proker or | rities in rith the belisted | | |
| Ful | l Nar NO | | name fir | st, if indi | vidual) | | | | | | | | | | <u> </u> |
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1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\Pi\) and indicate in the column below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Already Sold Equity 16,500.00 □ Common □ Preferred Convertible Securities (including warrants) Partnership Interests \$ _____16,500.00 Total Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors \$ 16,500.00 \$ Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Dollar Type of offering Security Amount Sold Regulation A Rule 504 Total 4a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Accounting Fees Other Expenses (identify) _____ Total

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| to Part C-Question 1 and total Question 4.a. This difference | he aggregate offering price given in response expenses furnished in response to Part Cis the "adjusted gross proceeds to the | \$ <u>16,5</u> | 500.00 |
|---|--|---|--|
| proposed to be used for each of the purpose is not known, furnish an es | ljusted gross proceeds to the issuer used or purposes shown. If the amount for any timate and check the box to the left of the listed must equal the adjusted gross proceeds Part C-Question 4.b. above. | | |
| | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| Salaries and fees | | \$ | \$ |
| Purchase of real estate | | \$ | \$ |
| Purchase, rental or leasing and | installation of machinery and equipment \Box | \$□ | \$ |
| Construction or leasing of plan | t buildings and facilities | \$□ | \$ |
| this offering that may be used | s (including the value of securities involved in in exchange for the assets or securities of erger. | \$ | C |
| · | D | | \$ |
| • • | | | 3 |
| • | ution to Alliant Resources Group, Inc. | | 5 |
| | | \$ <u>16,500.00</u> □ | \$ |
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| | ı totals added) | | 16,500.00 |
| | | | 10,500.00 |
| | | | 200 D. T. W. H. E. S. Charles & T. Works, book 1992 Projected (1994 Professional Association) and a secondary of |
| | D. FEDERAL SIGNATURE | | Ada (1904) and a substitution of the substitut |
| 505, the following signature constitutes | be signed by the undersigned duly authorized pan undertaking by the issuer to furnish to the U. rmation furnished by the issuer to any non-accre | S. Securities and Exch | ange Commission, |
| ssuer (Print or Type) ARG Holdings, Inc. | Signature Cooper | Date April 19, 2002 | |
| Name of Signer (Print or Type) ohn Addeo | Title of Signer (Print or Type) Chief Executive Officer | | |
| | | | |
| | | | |
| | | | |
| | ATTENTION | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| APPER DE | | Di Ettia E E Ginia Cita | Box of Alberta Sports in the control of the control | 40,1464,131,144,131 | · Self Code of |
|----------|--|--|--|---------------------|----------------|
| 1 | Is any party described in 17 CED 220.2 | 52 (a) (d) (a) ar (f) presently subject to any of the | oo disqualification | Voc | No |
| , 1. | | 52 (c), (d), (e) or (f) presently subject to any of th | | Yes | No ⊠ |
| | | See Appendix, Column 5, for state response. | | | |
| 2. | The undersigned issuer hereby undertal on Form D (17 CFR 239.500) at such to | ces to furnish to any state administrator of any state as required by state law. | te in which this notice is | filed, a n | otice |
| 3. | The undersigned issuer hereby undertal the issuer to offerees. | ces to furnish to the state administrators, upon wr | itten request, information | furnishe | d by |
| 4. | Uniform Limited Offering Exemption (| the issuer is familiar with the conditions that must ULOE) of the state in which this notice is filed at the burden of establishing that these conditions have | nd understands that the iss | | ning |
| | e issuer has read this notification and kno undersigned duly authorized person. | ows the contents to be true and has duly caused th | nis notice to be signed on | its behalf | f by |
| | uer (Print or Type) RG Holdings, Inc. | Signature Color | Date April 19, 2002 | | |
| | me of Signer (Print or Type) nn Addeo | Title of Signer (Print or Type) Chief Executive Officer | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | | 2 | 3 | | 4 | | | | | |
|-------|---------|--|--|--------------------------------------|--|-------------------------------------|--------|-----|--|--|
| | non-acc | to sell to credited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- accredited Investors | Amount | Yes | No | |
| AL | | | | | | | | | | |
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APPENDIX

| 1 | , K | 2 | 3 | • | 4 | | | T . | , | |
|-------|----------------|--|--|--------------------------------------|--|-------------------------------------|-------------|--|--|--------------------------------------|
| | non-acc | to sell to credited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | Disqualification under Structure Str | | State (if yes, ach ation of granted) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- accredited Investors | Amount | Yes | No | |
| MT | 165 | 140 | | Investors | Amount | investors | Amount | i es . | 140 | |
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KIRKLAND & ELLIS

PARTNERSHIPS INCLUDING PROFESSIONAL CORPORATIONS

200 East Randolph Drive Chicago, Illinois 60601

Michelle Speller-Thurman
To Call Writer Directly:
(312) 861-2168
michelle_speller-thurman@chicago.kirkland.com

(312) 861-2000

Facsimile: (312) 861-2200

April 22, 2002

Securities and Exchange Commission 450 Fifth Street, N.W. Washington, D.C. 20549

Re:

ARG Holdings, Inc. – Form D – Notice of Sale of Securities pursuant to

Regulation D, filed April 23, 2002

Dear Sir or Madam:

On behalf of ARG Holdings, Inc. (the "Company"), enclosed for filing pursuant to Regulation D, please find:

- 1. One manually signed and 4 copies of the Company's Form D filed with the Securities and Exchange Commission on April 23, 2002; and
- 2. For file stamping by the Commission to be returned to our waiting messenger, one extra copy of each of the Form D and this transmittal letter.

If you have any questions or comment concerning this filing please contact Michelle Speller-Thurman at (312) 861-2168 or Michael Weed at (312) 861-2118.

Sincerely,

Michelle Speller-Thurman

MST:mjw

London Los Angeles New York Washington, D.C.